

Drugs and Vomiting

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Any substance taken orally can be vomited up, and concern about this can cause considerable anxiety. A person intending to die must take the full (lethal) amount, so it is important to ensure that vomiting does not occur. Some people are prone to vomiting, and some diseases can cause vomiting. In a minority of cases vomiting, or even the fear of vomiting, can be such a problem that it is not possible to use oral drugs.

To make matters worse, end of life drugs are often bitter. Their strong taste, especially in liquid form, can induce vomiting. This will inevitably slow gastric emptying and reduce the effectiveness of the drugs.

To minimize the risk of vomiting and to speed gastric emptying, an anti-vomiting ('anti-emetic') drug can be taken as a single dose. Alternatively the drug can be taken for a set period of time before the consumption of the lethal drug. Indeed, organisations like Dignitas in Zurich, who provide oral Nembutal for those wanting to die, *insist* that an anti-emetic be taken prior to the lethal barbiturate. There is a number of anti-emetic drugs that can be used for this purpose, although they are often controlled/prescription drugs. Be aware that it may be necessary to fabricate a reason when asking a doctor to prescribe them for you.

An additional point is that all anti-emetic drugs have side effects. Some can be serious. If you have never taken these anti-emetics before it would be wise to take a test dose of the planned drug prior well ahead of your dying day. This way any allergies and hypersensitivities to a particular anti-emetic occur can be taken into consideration in your overall planning.

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Some of the anti-emetics commonly used in conjunction with end of life drugs are shown in the following table which also states common drug names, available pill size, doses, recommended regime and possible side effects.

Antiemetic Drug	Common Names	Pill size	Dose & Regime	Side Effects
Metoclopramide	Maxolon etc	10mg	20-30mg/ 1hr prior	extra-pyramidal
Cannabis			Inhale/vape 5-10mins prior	
Domperidone	Motilium	10mg	10 -20mg 1hr prior	minor extra pyrimidal
Prochlorperazine	Stemetil etc	5mg	10 - 20mg 1hr prior	extra-pyrimedal
Ondansetron	Zofran	4mg	8mg 30min prior	seratonin syndrome
Dimenhydrinate	Dramamine	50mg	100mg 30 min prior	anti-cholinergic

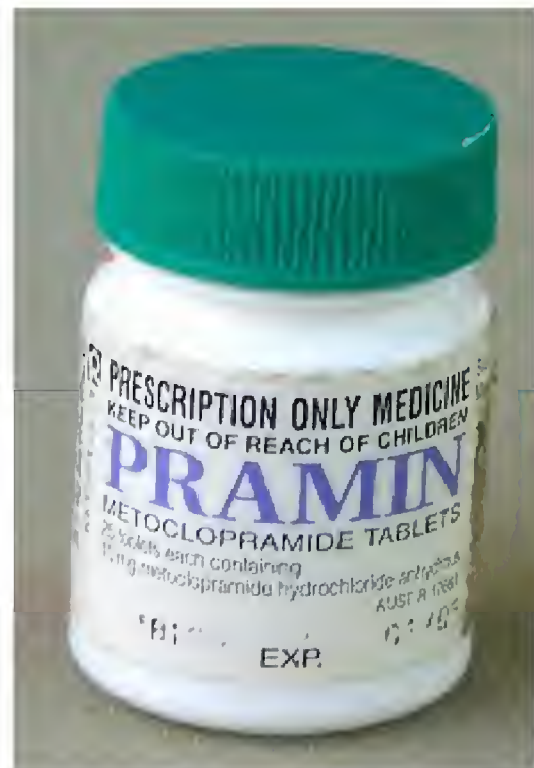


Metoclopramide as Maxalon

Metoclopramide

Metoclopramide is the most commonly-employed anti-emetic used with end of life drugs. Common brand names include Maxalon and Pramin. This drug performs two useful actions: a) it prevents nausea and vomiting by blocking dopamine, and b) it increases the absorption of the lethal drug by facilitating gastric emptying. The usual regime is to take 3 x 10mg tablets (30mg) about an hour before the planned ingestion of the lethal drug.

An alternative form of administration is to take the drug for 48 continuous hours prior to the planned death at the usual 1 tablet (10mg) every 8 hours (ie x3 per day). Note - this regime removes the need to synchronise the taking of the metoclopramide with the taking of the lethal drug. It also serves to uncover any possible adverse effects of the drug leaving time enough to seek an alternative, if necessary.



Note - The dopamine-blocking action can lead to significant side effects in some individuals, including neurological movement disorders (extrapyramidal symptoms), eg. spasm, jerks, rigidity, and tremor etc which may make this drug unusable.

Note - Although the drug is usually prescription-controlled, it is also available over the counter some countries such as in Mexico. Some online distributors of Nembutal provide metoclopramide tablets as an added extra with each purchase.

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Cannabis

Recent reports to Exit have talked of the usefulness of cannabis as an anti-emetic. When administered through smoking or vaping, the effect is almost instantaneous. The drug



also has additional useful anxiolytic properties. Note - Oral ingestion is slower, more erratic and not recommended.

Domperidone

Motilium is the common brand-name of the drug Domperidone. Domperidone is useful as a dopamine-antagonist anti-emetic. It also facilitates gastric-emptying and drug absorption.

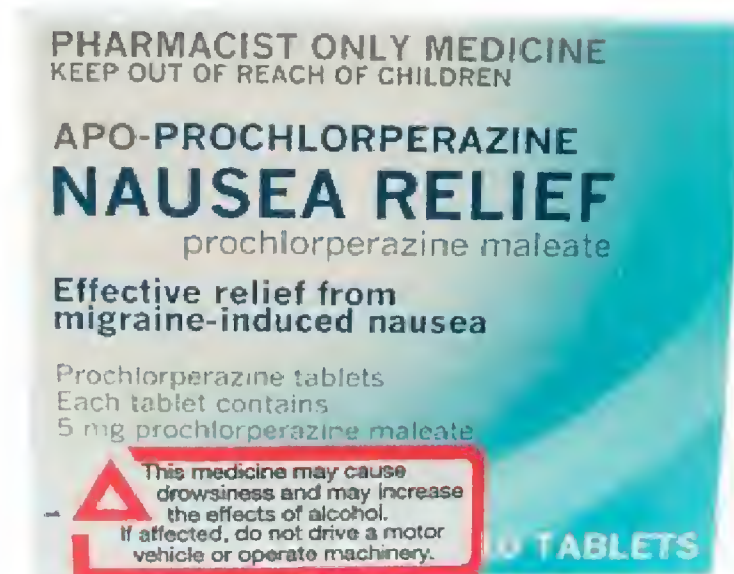


Domperidone is supplied as 10mg tablets. The suggested end of life regime is to take two tablets (20mg) an hour before taking the lethal drug. Although a dopamine-agonist, the drug doesn't easily cross into the brain (the blood brain barrier). As a consequence, Domperidone has a significantly lower risk of neurologic (extra-pyramidal) movement-related side effects.

Note - This drug is not available in the US.

Prochlorperazine

Prochlorperazine is another dopamine-antagonist with significant anti-emetic properties. Common brand names are Stemetil and Promat. Marketed as 5mg tablets, a useful end of life regime is 2 tablets (10mg) taken an hour before the lethal medication.



This drug readily crosses into the brain and has a propensity for sedation and extrapyramidal movement-related symptoms. These side effects can limit the drug's usefulness and a test dose should be taken before considering this as your chosen end of life anti-emetic.

Ondansetron

Ondansetron is also a very effective anti-emetic that acts as a serotonin antagonist. The most well known brand name is Zofran. Zofran



is most known for its use in controlling nausea associated with chemotherapy. This drug is marketed as 4mg or 8mg tablets. A suitable end of life regime is to take one or two tablets (4mg - 8mg) one hour before the lethal drug.

Ondansetron can have serious side effects, occasionally giving way to 'serotonin syndrome'. This syndrome brings palpitations, flushing and agitation. Such side-effects may limit its use. In the absence of these side-effects, the dose can be increased to up to 5 tablets if nausea is a particular problem.

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Dimenhydrinate

Dimenhydrinate is an over-the-counter ‘combination’ anti-emetic which can be of use in end of life situations, especially if other anti-emetics are hard to obtain. Common brand names include Dramamine and Gravol. Marketed as 50mg tablets, for use in the end of life context, 1 - 2 tablets should be taken an hour before ingesting the lethal drug.



While Dimenhydrinate is readily available, it can occasionally give rise to a number of unpleasant (anti-cholinergic) side effects. Note - This drug readily crosses into the brain. In larger doses, it can cause distortions in sight, sound, and perception, even confusion and amnesia. For this reason a prior test-dose is recommended.

Discussion

Unless there are specific questions of hypersensitivity or allergy or evidence of significant side-effects, the anti-emetic Metoclopramide is the recommended end of life anti-emetic. The suggested dose for Metoclopramide is independent of the type or quantity of the lethal drug to be used. That is, the dose is independent of whether the drug is to be taken as a stat dose (30mg at one time) or over a continuous 48 hour period (10mg 3x/day for 2 days).

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If significant neurological side effects are noticed with metoclopramide, it is advised to switch to Domperidone or Ondansetron (Zofran).

To obtain some of these anti-emetic drugs, a prescription is necessary, so be prepared to fabricate a story for your medical practitioner. Stories might include the need for an anti-emetic because of a planned sea cruise. If you provide the real reason - that you need an anti-emetic so as not to vomit up your end of life drugs - you will be unlikely to get a positive response!

If problems of access do develop and you find yourself unable to get Metoclopramide, why not settle for over-the-counter Dramamine, or relax with some good quality cannabis! Note - Testing for side-effects first is always advised.

Note - If, after using your chosen anti-emetic, vomiting does occur, even if only a small amount, the plan to die must be abandoned. This is because it is impossible to know what quantity of drug remains in your stomach. Because of this it would be dangerous to proceed.

It is advised to move quickly and initiate further vomiting. Place your fingers down the throat to physically induce vomiting. It is critical to remove as much of the ingested lethal drug as possible. Follow this procedure by drinking a large amount of water. Try to rest until the fraction of the lethal drug ingested has been processed. When things calm, select an alternative suitable date in the future.

If vomiting, or fear of vomiting persists, it may be necessary to look at other end of life methods. The use of an inert gas like nitrogen - which involves - no need to swallow and no risk of vomiting - may prove more suitable.